Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	NTITY OR LOADII	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	16.7	*****	deg C		Monthly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	33.3	51.4	lb/d	****	11.6	15.8	mg/L		Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	479.66	****	mg/L		Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	*****	****	****	7.2	****	7.7	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	36.4	57.5	lb/d	*****	13.3	23	mg/L		Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	252.66	****	mg/L		Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	3.41	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Tanner Weisgram	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)263-0229		2/02/201!
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
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MONITO	ORING PERIOD
MONITO MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	.05	mg/L		Monthly	COMP-8
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	*****	****	*****	****	.451	mg/L		Monthly	COMP-8
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	5.81	mg/L		Monthly	COMP-8
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	*****	****	4.67	mg/L		Monthly	COMP-8
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	*****	****	*****	<= 2	<= 2	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.3309	*****	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	*****	<= .1	<= .1	mg/L		Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB

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FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

_			
Г	ID0021229		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DRIN	IG PERIOD
		ORIN 1	
	MONITO MM/DD/YYYY	ORIN	IG PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	98	****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	95	*****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		AUD	ITITY OR LOADII	٧G	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	****	****	15.2	****	deg C		Monthly	Recordei (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	39.6	50.1	lb/d	*****	13.5	15.4	mg/L		Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	387	****	mg/L		Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	*****	7.2	****	7.8	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	30	43.2	lb/d	****	10.3	14	mg/L		Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	195.25	****	mg/L		Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	10.6	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Tanner Weisgram Tanner Weisgram/ Operations Manager person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (208)263-0229)1/04/201 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR accurate, and complete. I am aware that there are significant penalties for submitting false nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

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KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	.05	mg/L		Monthly	COMP-8
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	.965	mg/L		Monthly	COMP-8
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	13.2	mg/L		Monthly	COMP-8
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	*****	****	6.42	mg/L		Monthly	COMP-8
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	*****	2	2	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.391	****	MGD	*****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	*****	<= .1	<= .1	mg/L		Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB

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TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD

ATTN: TIM CLOSSON, OPERATIONS MGR

SANDPOINT, ID 83864

DID021229 001-A
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
12/01/2015 MM/DD/YYYY
12/31/2015

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

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		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	97	*****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	95	*****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Tanner Weisgram	TELEPI	HONE	DATE
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01/01/2016		01/31/2016				

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MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	14.8	*****	deg C		Monthly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	42.8	52.8	lb/d	*****	15.2	19	mg/L		Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	284.2	****	mg/L		Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	*****	7	****	7.45	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	23.3	29.3	lb/d	*****	8.4	10	mg/L		Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	181.2	****	mg/L		Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	19.8	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	.05	mg/L		Monthly	COMP-8
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	.564	mg/L		Monthly	COMP-8
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	21.7	mg/L		Monthly	COMP-8
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	*****	****	5.39	mg/L		Monthly	COMP-8
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	*****	2.9356	8	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.4107	****	MGD	****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	****	****	****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	****	*****	<= .1	<= .1	mg/L		Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Tanner Weisgram Tanner Weisgram/ Operations Manage person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (208)263-0229)2/04/201 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR accurate, and complete. I am aware that there are significant penalties for submitting false nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	95	****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	95	****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I anner Weisgram	TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)263-0229)2/04/2016
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

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ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	NTITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	14.2	*****	deg C		Monthly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	44.4	80.1	lb/d	****	15.7	19.6	mg/L		Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	198	****	mg/L		Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	*****	7.2	****	7.6	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	28.3	61.3	lb/d	*****	9.5	15	mg/L		Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	162.3	****	mg/L		Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	22.1	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

-		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Tanner Weisgram	TELEP	HONE	DATE
Та		person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	3-0229)3/03/2016
	TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITORING PERIOD					
***************************************	OI (III O I EI (I O D				
MM/DD/YYYY	MM/DD/YYYY				

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	ΓΙΤΥ OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.05	mg/L		Monthly	COMP-8
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	.402	mg/L		Monthly	COMP-8
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	23.7	mg/L		Monthly	COMP-8
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	****	4.83	mg/L		Monthly	COMP-8
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	****	2	2	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.4433	****	MGD	****	****	****	****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	****	*****	<= .1	<= .1	mg/L		Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	92	****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	94	*****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD

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NÄME: '\ KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

	ID0021229		001-A
PE	RMIT NUMBER		DISCHARGE NUMBER
=			
	MONIT	DRIN	IG PERIOD
	MONITO MM/DD/YYYY	ORIN	IG PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	16.6	*****	deg C		Monthly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	18.2	22.3	lb/d	****	10.1	13.1	mg/L		Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	****	253	****	mg/L		Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	****	7.3	****	7.8	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	15.2	20	lb/d	*****	8.3	12	mg/L		Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	153.25	****	mg/L		Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	23.4	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

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TYPED OR PRINTED	and match, nelecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NÄME: '\ KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
I MONITO	ORING PERIOD
MONITO	ORING PERIOD
MONITO MM/DD/YYYY	DRING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	****	.05	mg/L		Monthly	COMP-8
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	.316	mg/L		Monthly	COMP-8
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	*****	****	****	****	23.6	mg/L		Monthly	COMP-8
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	****	****	****	4.87	mg/L		Monthly	COMP-8
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	****	2	2	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.4153	****	MGD	****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	****	****	<= .1	<= .1	mg/L		Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB

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NÄME: '\ KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD

SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID002122	29	001-A				
PERMIT NUI	ИBER	DISCHARGE NUMBER				
	MONITOR	ING PERIOD				
MM/DD/	YYYY	MM/DD/YYYY				
03/01/2	016	03/31/2016				

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUANTITY OR LOADING		Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	96	****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	95	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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NÄME: ' KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ORING PERIOD				
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY				

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	NTITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	20.7	*****	deg C		Monthly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	31	43.8	lb/d	*****	14.5	18.3	mg/L		Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	****	329.8	****	mg/L		Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	*****	7	*****	8	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	20	27	lb/d	*****	9.2	13	mg/L		Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	211.4	****	mg/L		Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	20.9	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

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TYPED OR PRINTED	and match, nelecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
10101111	OKING FLKIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	.646	mg/L		Monthly	COMP-8
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	.377	mg/L		Monthly	COMP-8
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	24.3	mg/L		Monthly	COMP-8
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	*****	****	4.27	mg/L		Monthly	COMP-8
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	3.40846	49	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.4574	****	MGD	****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	<= .1	<= .1	mg/L		Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB

Tanner Weisgram/ Operations Manager
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certify under penalty of law that this document and all attachments were prepared under my

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TELEPHONE

DATE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD

SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITORING PERIOD					
MONITO	ORING PERIOD				
MONITO MM/DD/YYYY	ORING PERIOD MM/DD/YYYY				

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	96	****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	96	*****	****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	rainiei Weisgraffi	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)263-0229)5/06/2010
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY					
05/01/2016	05/31/2016					

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	VG	Ql	JALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	23	****	deg C		Monthly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	36.4	45.5	lb/d	*****	15.9	20.2	mg/L		Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	*****	322.8	*****	mg/L		Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	****	7	*****	7.6	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	50	92.3	lb/d	*****	21.6	41	mg/L		Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	200.5	****	mg/L		Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	.108	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

TYPED OR PRINTED

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Tanner Weisgram/ Operations Manage

NUMBER

TELEPHONE

(208)263-0229

AREA Code

Tanner Weisgram

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

)6/08/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY					

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.598	mg/L		Monthly	COMP-8
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	18	mg/L		Monthly	COMP-8
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	****	7.43	mg/L		Monthly	COMP-8
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	****	4.68	mg/L		Monthly	COMP-8
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	****	2.90812	13	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.2868	*****	MGD	*****	****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	****	<= .1	<= .1	mg/L		Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my injury of the	Tanner Weisgram	TELEP	HONE	DATE
Tanner Weisgram/ Operations Manag	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	3-0229)6/08/2016
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD

SANDPOINT, ID 83864 ATTN: TIM CLOSSON, OPERATIONS MGR

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

	QUANTITY OR LOADING			Ql	JALITY OR CON	CENTRATION		NO.	. FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	95	*****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	89	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	3-0229)6/08/2010
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITORING PERIOD					
MM/DD/YYYY	MM/DD/YYYY				
06/01/2016	06/30/2016				

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	****	*****	24.2	****	deg C		Monthly	Recorder (auto)
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	30.2	38.2	lb/d	*****	13	17.6	mg/L		Weekly	COMP-8
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	****	*****	*****	410.66	*****	mg/L		Weekly	COMP-8
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	*****	****	6.9	*****	8.5	SU		Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	30.7	52	lb/d	*****	13.3	24	mg/L		Weekly	COMP-8
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	226.66	****	mg/L		Weekly	COMP-8
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	.231	mg/L		Monthly	COMP-8
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Tanner Weisgram Tanner Weisgram/ Operations Manage person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (208)263-0229)7/07/201 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR accurate, and complete. I am aware that there are significant penalties for submitting false nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY					
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DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.05	mg/L		Monthly	COMP-8
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	19.9	mg/L		Monthly	COMP-8
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	3.98	mg/L		Monthly	COMP-8
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	****	5.14	mg/L		Monthly	COMP-8
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	*****	2	2	#/100mL		Five per Month	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.3291	****	MGD	****	****	****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	****	****	*****	****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	****	*****	<= .1	<= .1	mg/L		Weekdays	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB

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	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)26	3-0229)7/07/2010
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A						
PERMIT NUMBER	MBER DISCHARGE NUMBER						
MONITORING PERIOR							
MONTO	ORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						
06/01/2016	06/30/2016						

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QUALITY OR CONCENTRATION		QUALITY OR CONCENTRATION				SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	97	****	****	%		Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	****	85 MN % RMV	*****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****	%		Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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TYPED OR PRINTED	amorniadon, medding the possionity of this and imprisonifiert for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: PO BOX 562

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FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

ATTN: TIM CLOSSON, OPERATIONS MGR

ID0021229	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
WONT	JINING I LINIOD					
MM/DD/YYYY	MM/DD/YYYY					

DMR Mailing ZIP CODE: 83840

MINOR (SUBR 01)

WASTEWATER TO BOYER SLOUGH

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	****				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	*****	deg C		Monthly	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	86 MO AVG	129 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8
pH	SAMPLE MEASUREMENT	*****	****	****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	101 MO AVG	152 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	ranner Weisgram	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)263	3-0229)8/04/2016
TYPED OR PRINTED	and match, nelecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: " KOOTENAI-PONDERAY SEWER DISTRICT

ADDRESS: PO BOX 562

KOOTENAI, ID 83840

FACILITY: KOOTENAI-PONDERAY SEWER DISTRICT - KOOTENAI-F

LOCATION: 511 WHISKEY JACK ROAD SANDPOINT, ID 83864

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Nitrogen, nitrite total [as N]	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI C				
00615 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, nitrate total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI C				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	****	Req. Mon. DAILY MX	mg/L		Monthly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	****	****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	126 MO GEO	406 INST MAX	#/100mL		Five per Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	*****		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	MGD	*****	****	****	****		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	****	*****	NODI C	NODI C				·
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB

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07/01/2016	07/31/2016							

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	85 MN % RMV	*****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(208)263-0229)8/04/2010
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY